<u>REMARKS</u>

Reconsideration of the above-identified application in view of the amendments above and the remarks following is respectfully requested. Claims 1-22 are pending in the application. Claims 1-22 were rejected. Claims 1 and 21 have been amended. Favorable reconsideration of this rejection in view of the above amendments and the following explanations is respectfully requested.

<u>Claims Rejections - 35 USC 102</u>

Claims 1 -22 are rejected as being anticipated by Microsoft™ Screen Captures. Of these, claims 1 and 21 are independent claims. Claims 1 and 21 have been amended. Favorable reconsideration of this rejection in view of the above amendments and the following explanations is respectfully requested.

The present invention discloses a novel and inventive system that allows a medical practitioner to set boundaries <u>at any of substantially continuous locations </u>and categorize regions falling between these boundaries for a <u>measured medical parameter</u> or a set of medical parameters. In a preferred embodiment, boundaries are set on a bar graph or linear continuum by a user such as a doctor, thus defining regions on the graph. <u>On the continuum, the boundaries may be set at any substantially continuous point</u>. The term "substantially" is used here and in the amended claims to note the digital nature of the system, thus preventing perfectly continuous locations. The regions define areas along the range of measurements of medical parameters such as blood pressure, blood sugar level, temperature and so on for a given patient. The defined regions are preferably unique for each patient. After the regions are defined, they are labeled and connected to rule based processing, also unique for each patient. That is to say, a rule may be input to the system to define behavior of the graph based on the measured medical parameters of the patient. For instance, if a patient has high measured blood pressure, a certain region or regions on the graph may be highlighted in a certain color in accordance with a defined rule that highlights the graph for high blood pressure result. In addition, the rule may

define recommended actions as a result of the measured parameters. For instance, it may instruct the patient to call his doctor or take a certain dosage of a prescribed medicine. The parameter values input by the medical practitioner or other user are set for each patient individually. Therefore, a multiplicity of patients is capable of using the system, say operating over a central server belonging to a hospital, wherein each patient's data is analyzed according to his uniquely set medical parameters.

Microsoft™ Screen Captures, introduces a slider which has fixed and predetermined internal regions, labels and output recommendations. As evident from the figures provided and cited by the examiner, the user may move a slider along the internal boundaries. However, the user does not set boundaries at continuous locations inside a variation range of medical parameters. The slider moves along a continuous range, but is set only at fixed points along that range. The user is thus limited to selecting the position of the slider in relation to the predetermined regions, which are associated with predetermined labels and upon this position an output may be generated according to predetermined rules. Likewise, the user does not input individual medical parameters for each patient.

Thus, Microsoft™ Screen Captures never anticipates or hints at the idea of a medical parameter evaluation system where a user, for example – a physician, sets the medical parameters at any of continuous locations within a continuous variable. Likewise no labeling of such medical parameters, or associating the boundaries with output recommendations is done either.

As stated, the invention particularly covers medical parameters set according to any of continuous locations within a continuous variable. Thus, claim 1 has been amended to read as follows:

A parameter evaluation system, comprising:

a boundary input device, user operable for setting internal boundaries at any of substantially continuous locations inside a variation range of one or more continuous

parameters, <u>parameters being medical parameters and being individual to respective</u> <u>patients, thereby to define a plurality of internal regions within said variation range</u>

a label input device, user operable for associating labels with said internal regions,

a rule input device, user operable for setting rules to associate at least one of a plurality of output recommendations with each of said internal regions and with combinations thereof, and

an output device configured to present a user with an output recommendation associated with a respective internal region or combination thereof, said output recommendation corresponding to at least one measured <u>said medical</u> parameter input to said system.

Support for the medical parameter aspect of the amendment of claim 1 can be found on page 9 in the second paragraph, where it states: "*The <u>personal parameters</u> may be any suitable <u>medical parameter,</u> such as, for example, parameters relating to heart function, lung function, hearing, vision, alertness, physical appearance and perception as well as conventional medical indications such as weight, height, age, blood pressure, blood sugar level and other body fluid parameters, as well as various combinations of the foregoing.* "

Support for the continuous aspect of the chosen boundary locations is found in the seventh paragraph on page 14, where it states:

"The continuum divider preferably comprises a user-selectable number of sliders 66 operable to be moved or dragged by a user to various points he has selected as boundaries between regions calling for different types of response. "

And on page 16 paragraph 3:

"Alternatively or additionally to displaying graphical data, it is possible to display a numerical scale along the bar 62, again to assist the physician in selecting the regions."

Further, Fig 5a speaks of boundaries set for a patient measuring systolic blood pressure. The specification states on page 16 paragraph 6:

"Boundaries are, for example, set at 90, 100, 140 and 190 mm of mercury."

Fig 6a, which is identical to 5a, shows the case where instead the diastolic blood pressure is the desired medical parameter to be measured. Here the specification states on page 17 paragraph 3:

"The absolute values chosen for the region boundaries are thus correspondingly lower by about 30mm of mercury but the regions and the associated recommendations are the same."

That is to say, different continuous boundaries are set along the continuum according to the parameter being measured and according to the individual patient.

The same reasoning is applied to the amended method claim 21, which is parallel to claim 1. Claim 21 is thus amended as follows to emphasize the fact that the invention covers particularly medical parameters set according to any of continuous locations within a continuous variable.

A method of associating a series of outputs with detected levels of a plurality of continuously varying parameters, said detected levels comprising an outcome, the method comprising;

inviting a user to set one or more internal boundary levels <u>at any of substantially continuous locations</u> for each <u>said</u> parameter, <u>parameters being medical parameters and being individual to respective patients,</u> thereby defining internal regions between each boundary level,

inviting a user to associate categorization labels with each said defined internal region,

inviting a user to associate rules with each <u>said</u> internal region and with combinations of <u>said</u> internal regions of different <u>said medical</u> parameters to associate a series of outputs with said regions and combinations, such that at least one of said series of outputs is produced by an outcome.

Support for the claim 21 amendment in the specification is as cited above for amended independent claim 1.

Thus, the recitations of (currently amended) independent claims 1 and 21 are not anticipated by the teaching of Microsoft™ Screen Captures., and therefore completely overcome the Examiner's rejections based on 35 U.S.C. 102(e).

The dependant claims mentioned in the Office Action are believed to be allowable as being dependent on an allowable main claim

All of the matters raised by the Examiner have been dealt with and are believed to have been overcome. In view of the foregoing, it is respectfully submitted that all of the pending claims are allowable over the cited reference.

An early Notice of Allowance is therefore respectfully requested.

Respectfully Submitted,

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